

Supplemental Application Data Sheet

**Application Information**

Application Type:: National Stage  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: A DEFIBRILLATOR DEVICE WITH A  
REMOTE REGION ON ITS CASING  
Attorney Docket Number:: 3003-1130-1  
Request for Early  
Publication?::  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 2  
Small Entity?:: No Yes  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GREAT BRITAIN  
Status:: Full Capacity  
Given Name:: KEVIN  
Middle Name:: J.  
Family Name:: HERBERT  
Name Suffix::  
City of Residence:: GLOUCESTERSHIRE  
State or Province of Residence::  
Country of Residence:: GREAT BRITAIN  
Street of Mailing IXA MEDICAL PRODUCTS LIMITED LIABILITY  
Address:: PARTNERSHIP, DEZAC HOUSE, MOTPELLIER  
STREET, CHELTENHAM  
City of Mailing Address:: GLOUCESTERSHIRE  
State or Province of Mailing Address::  
Country of Mailing Address:: GREAT BRITAIN  
Postal or Zip Code of Mailing Address:: GL50 1SS

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GREAT BRITAIN  
Status:: Full Capacity  
Given Name:: DESMOND BRYAN  
Middle Name::  
Family Name:: MILLS  
Name Suffix::  
City of Residence:: GLOUCESTERSHIRE  
State or Province of Residence::  
Country of Residence:: GREAT BRITAIN  
Street of Mailing IXA MEDICAL PRODUCTS LIMITED LIABILITY  
Address:: PARTNERSHIP, DEZAC HOUSE, MOTPELLIER  
STREET, CHELTENHAM  
City of Mailing Address:: GLOUCESTERSHIRE

State or Province of Mailing Address::

Country of Mailing Address:: GREAT BRITAIN

Postal or Zip Code of Mailing Address:: GL50 1SS

**Correspondence Information**

Correspondence Customer Number:: 00466

**Representative Information**

Representative Customer Number::	00466
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/GB2005/000248	1/24/05
PCT/GB2005/000248	An application claiming benefit under 35 USC 119 (e)	60/539,335	1/28/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
GREAT BRITAIN	0401455.1	1/23/04	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::